



Wildlife Division
 4034 Fairview Industrial Dr SE
 Salem, OR 97302
 Phone: 503-947-6315

Wildlife Control Operator Permit Application

\$62.50 non-refundable biennial permit fee

WCO Number: _____

Applicant's Name: _____ Bus. Phone _____

Registered Bus. Name: _____ Fax: _____

Are you the owner? YES / NO* *** If no, attach letter from owner of company, on company letterhead, designating you as the applicant for the business.**

Attach business information to your application: individual, partnership, corporation, Limited Liability Company or other legal entity. (Refer to OAR 635-435-0015(3) (b) A, B, C.)

Address: _____ City: _____ State: _____ Zip: _____

Mailing Add: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell: _____

Social Security* #: _____ DOB: _____

Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain (attach additional sheet if needed):

Employees: None

Employees must take and pass the WCO test. A \$25 nonrefundable test administration fee must be paid at the time of the test. The Permittee takes responsibility for all actions of employees working under the permit. By signing you attest this information to be true and accurate. Be sure to complete all sections legibly. (Please use Additional Sheets if Needed)

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| Employee Name: | | Phone #: | |
| Address: | | SSN*: | |
| City, State, Zip | | DOB: | |

Have you taken and passed the required WCO test? YES / NO

Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain:

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|------------------|--|----------|--|
| Employee Name: | | Phone #: | |
| Address: | | SSN*: | |
| City, State, Zip | | DOB: | |

Have you taken and passed the required WCO test? YES / NO

Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain:

Indicating what species you work with:

As a service to homeowners and landowners, ODFW lists this information on the website. (Ex: beaver, raccoon, skunk, etc.). This permit does NOT cover any game mammals, game birds or domestic animals.

Vehicle(s) that your business uses or will use to transport wildlife:

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|-----------------|--|-----------------|--|-----------------|--|
| Year | | Year | | Year | |
| Make | | Make | | Make | |
| Model | | Model | | Model | |
| License Plate # | | License Plate # | | License Plate # | |

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|-----------------|--|-----------------|--|-----------------|--|
| Year | | Year | | Year | |
| Make | | Make | | Make | |
| Model | | Model | | Model | |
| License Plate # | | License Plate # | | License Plate # | |

Continuing Education – Renewals ONLY

List continuing education, training, pertaining to wildlife control operator. **Attach proof of completion.**

Name of Employee: _____

| Class / Workshop / Training / Meeting Name | Date | Location | Hrs. | Facilitator / Trainer / Teacher |
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Have you read and understand the current Wildlife Control Operator Oregon Administrative Rules? YES / NO

Signature of Applicant: _____ Date: _____

By signing you attest this information to be true and accurate. Providing false information may be cause to revoke or deny your permit. * (required per ORS 25.780-.785)

PAYMENT METHODS (\$62.50 non-refundable fee): For those wishing to pay for a Wildlife Control Operator Permit application by credit card, check or money order; please complete the section below. Cash transactions are only accepted in person at the ODFW Headquarters Office in Salem.

Secure Online Credit Card Payment (An invoice will be sent to you at the email address provided when the application is received.)

Email Address for Online Credit Card Payment: _____

Check / Money Order Enclosed

Submit complete application packet to ODFW secure fax line at: 503-947-6117 or by postal mail to:
 Oregon Department of Fish and Wildlife
 4034 Fairview Industrial Drive SE
 Salem OR 97302

DO NOT EMAIL THIS FORM

Additional Employees:

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|---|--|----------|--|
| Employee Name: | | Phone #: | |
| Address: | | SSN*: | |
| City, State, Zip | | DOB: | |
| Have you taken and passed the required WCO test? YES / NO | | | |
| Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain: | | | |
| Employee Name: | | Phone #: | |
| Address: | | SSN*: | |
| City, State, Zip | | DOB: | |
| Have you taken and passed the required WCO test? YES / NO | | | |
| Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain: | | | |
| Employee Name: | | Phone #: | |
| Address: | | SSN*: | |
| City, State, Zip | | DOB: | |
| Have you taken and passed the required WCO test? YES / NO | | | |
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| Employee Name: | | Phone #: | |
| Address: | | SSN*: | |
| City, State, Zip | | DOB: | |
| Have you taken and passed the required WCO test? YES / NO | | | |
| Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain: | | | |
| Employee Name: | | Phone #: | |
| Address: | | SSN*: | |
| City, State, Zip | | DOB: | |
| Have you taken and passed the required WCO test? YES / NO | | | |
| Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain: | | | |

Name of Employee: _____

| Class / Workshop / Training / Meeting Name | Date | Location | Hrs. | Facilitator / Trainer / Teacher |
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